

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-238919

Date Filed

April 3, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Vector CSP, LLC, Interfuze Corporation, and
SA Technical Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
113 East Albright Avenue
Cannon Air Force Base, NM 88101

3a. Employer Representative - Name and Title:
See Attachment

3b. Address (if same as 2b - state same):
See Attachment

3c. Tel. No.
See Attachment

3d. Cell No.

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Office Building on Cannon Air Force Base

4b. Principal Product or Service
See Attachment

5a. City and State where unit is located:
Cannon AFB, New Mexico

5b. Description of Unit Involved:
Included:
See Attachment

6a. Number of Employees in Unit:
19

Excluded:
See Attachment

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☐ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 4/1/2019 **and Employer declined recognition**
on or about (Date) _____ (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ **If so, approximately how many employees are participating?** _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
4/23/2019

11c. Election Time(s):
11am - 2pm

11d. Election Location(s):
See Attachment

12a. Full Name of Petitioner (including local name and number):
International Association of Machinists and Aerospace
Workers, Local Lodge 794

12b. Address (street and number, city, State and ZIP code):
315 Pine Street S.E. Albuquerque, NM 87106

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.

12e. Cell No.
916-597-6100

12f. Fax No.

12g. E-Mail Address
mward@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, State and ZIP code):
620 Coolidge Dr., Suite 130, Folsom, CA 95630

13c. Tel. No.
916-985-8101

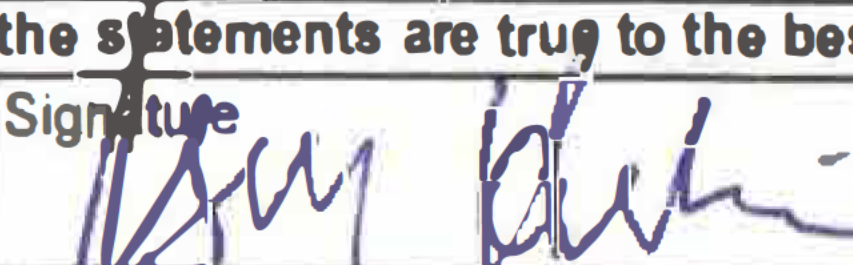
13d. Cell No.
916-936-6013

13e. Fax No.
916-985-8121

13f. E-Mail Address
jhardwick@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Jason Hardwick

Signature


Title
Grand Lodge Representative

Date
4/1/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Vector CSP LLC, Interfuze Corporation, and SA Technical Services, Inc.

3a. Employer Representative:

Vector CSP LLC:	Dave Boseman
Interfuze Corporation:	Austin King
SA Technical Services, Inc.:	Harold Shelgren

3b. Address:

Vector CSP LLC:	405 E Main Street, Elizabeth City, North Carolina, 27909
Interfuze Corporation:	46705 Odyssey Drive, Huntsville, Alabama 35806
SA Technical Services, Inc.:	143 Mulry Drive, Niceville, Florida 32578

3c. Telephone Number:

Vector CSP LLC:	(252) 333-4798
Interfuze Corporation:	(256) 382-9735
SA Technical Services, Inc.:	(850) 613 6085

3e. Fax Number:

Vector CSP LLC:	(252)338-2264
Interfuze Corporation:	(256) 382-9700
SA Technical Services, Inc.:	

3f. Email Address:

Vector CSP LLC:	dave.boseman@vectorcsp.co
Interfuze Corporation:	nsshelgren@satechnical.com
SA Technical Services, Inc.:	austin.king@interfuze.com

4b. Principal Product or Service:

Aircraft Simulator Training and Maintenance

5b. Description of Unit Involved:

Included:

Vector CSP LLC: All Full-time and regular part-time Security Managers, Librarians, Schedulers, and Registrar.

Interfuze Corporation: All full-time and regular part-time Synthetic Environment Coordinators (SIM operators) and Schedulers.

SA Technical Services, Inc.: All full-time and regular part-time Schedulers.

Excluded:

All other employees, managerial employees, professional employees, supervisors, guards and other employees as defined by the Act.

11d. Election Location:

Cannon AFB Library Meeting Room 1
107 Albright Ave., Building 75
Cannon AFB, NM 88103

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-239046

Date Filed

April 4, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/e-file, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Mercy, Inc. d/b/a AMR Las Vegas

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7201 W. Post Road, Las Vegas, NV, 89113

3a. Employer Representative - Name and Title:
Ms. Donna Miller, Chief Executive Officer

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
702-387-3400

3d. Cell No.

3e. Fax No.
702-386-2683

3f. E-Mail Address
donna.miller@amr.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Medical service provider

4b. Principal Product or Service
Emergency medical services

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved:

Included:
See attached

Excluded:
See attached

6a. Number of Employees in Unit
400

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 04/04/19 **and Employer declined recognition**
on or about (Date) No reply (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
4/23/19

11c. Election Time(s):
4 a.m. to 10 a.m. and 4 p.m. to 8 p.m.

11d. Election Location(s):
7201 W. Post Road, Las Vegas, NV, 89113

12a. Full Name of Petitioner (including local name and number):
AFSCME Local 4041

12b. Address (street and number, city, State and ZIP code):
2755 E. Desert Inn Rd., Unit 200, Las Vegas, NV, 89121

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of State County and Municipal Employees (AMFSCME)

12d. Tel. No.
702-431-3113

12e. Cell No.

12f. Fax No.
702-331-3066

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Mark Cavanah, Area Organizing Director

13b. Address (street and number, city, State and ZIP code):
2755 E. Desert Inn Road, Unit 200, Las Vegas, NV, 89121

13c. Tel. No.
702-431-3113

13d. Cell No.
816-721-1760

13e. Fax No.
702-331-3066

13f. E-Mail Address
mcavanah@afscme.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Mark Cavanah

Signature



Title
Area Organizing Director

Date
04/04/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Employees Included:

All full time, part time and per diem, EMT, Paramedics, RN, CCT, FTO, VST, communication personnel, and Mechanics.

Employees Excluded:

All other employees, logistic workers, office clerical employees, professional employees, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
28-RC-239541Date Filed
April 12, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Vector CSP, LLC, Interfuzo Corporation, and
SA Technical Services, Inc. Joint Employers

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
113 East Albright Avenue
Cannon Air Force Base, NM 88101

3a. Employer Representative - Name and Title:
See Attachment

3b. Address (if same as 2b - state same):
See Attachment

3c. Tel. No.
See Attachment

3d. Cell No.

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Office Building on Cannon Air Force Base

4b. Principal Product or Service
See Attachment

5a. City and State where unit is located:
Cannon AFB, New Mexico

5b. Description of Unit Involved:

Included:
See Attachment

6a. Number of Employees in Unit:
19

Excluded:
See Attachment

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☐ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 4/11/2019 **and Employer declined recognition**
on or about (Date) (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
4/27/2019

11c. Election Time(s):
11am - 2pm

11d. Election Location(s):
See Attachment

12a. Full Name of Petitioner (including local name and number):

International Association of Machinists and Aerospace
Workers, Local Lodge 794

12b. Address (street and number, city, State and ZIP code):

315 Pine Street S.E. Albuquerque, NM 87106

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.

12e. Cell No.
(916) 350-0237

12f. Fax No.

12g. E-Mail Address
cjaramillo@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Matthew R. McKinnon, Grand Lodge Representative

13b. Address (street and number, city, State and ZIP code):
620 Coolidge Dr., Suite 130, Folsom, CA 95630

13c. Tel. No.
916-985-8101

13d. Cell No.
916-737-8577

13e. Fax No.
916-985-8121

13f. E-Mail Address
mmckinnon@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Matthew R. McKinnon

Signature
Matthew R. McKinnon

Title
Grand Lodge Representative

Date
4/11/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Vector CSP LLC, Interfuze Corporation, and SA Technical Services, Inc.

3a. Employer Representative:

Vector CSP LLC:	Dave Boseman
Interfuze Corporation:	Austin King
SA Technical Services, Inc.:	Harold Shelgren

3b. Address:

Vector CSP LLC:	405 E Main Street, Elizabeth City, North Carolina, 27909
Interfuze Corporation:	46705 Odyssey Drive, Huntsville, Alabama 35806
SA Technical Services, Inc.:	143 Mulry Drive, Niceville, Florida 32578

3c. Telephone Number:

Vector CSP LLC:	(252) 333-4798
Interfuze Corporation:	(256) 382-9735
SA Technical Services, Inc.:	(850) 613 6085

3e. Fax Number:

Vector CSP LLC:	(252)338-2264
Interfuze Corporation:	(256) 382-9700
SA Technical Services, Inc.:	

3f. Email Address:

Vector CSP LLC:	dave.boseman@vectorcsp.co
Interfuze Corporation:	nshegren@satechnical.com
SA Technical Services, Inc.:	austin.king@interfuze.com

4b. Principal Product or Service:

Aircraft Simulator Training and Maintenance

5b. Description of Unit Involved:

Included:

Vector CSP LLC: All Full-time and regular part-time Security Specialists, Librarians, Schedulers, and Registrar and Lead.

Interfuze Corporation: All full-time and regular part-time Synthetic Environment Coordinators (SIM operators) and Schedulers.

SA Technical Services, Inc.: All full-time and regular part-time Schedulers.

Excluded:

All other employees, managerial employees, professional employees, supervisors, guards and other employees as defined by the Act.

11d. Election Location:

Cannon AFB Library Meeting Room 1
107 Albright Ave., Building 75
Cannon AFB, NM 88103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	Date Filed
28-RC-239628	April 15, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer New Mexico Gas Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7120 Wyoming Blvd., NE #20 NM Albuquerque 87109-	
3a. Employer Representative - Name and Title Ray Sanchez		3b. Address (If same as 2b - state same) 7120 Wyoming Blvd., NE #20 NM Albuquerque 87109-	
3c. Tel. No. (505) 697-3335	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Ray.Sanchez@nmcgo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities		4b. Principal product or service Gas	5a. City and State where unit is located: Santa Fe, NM

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 36
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): May 6, 2019	11c. Election Time(s): 6:30 a.m. to 9:30 a.m.	11d. Election Location(s): Employee Breakroom at the following locations: Employer's Santa Fe Of
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12a. Full Name of Petitioner (including local name and number) Scott LeFevre United Association of Plumbers and Pipefitters Local 412	12b. Address (street and number, city, state, and ZIP code) 510 San Pedro Drive SE NM Albuquerque 87108-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeyman and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO

12d. Tel No. (505) 265-1513	12e. Cell No.	12f. Fax No.	12g. E-Mail Address swptor2@uanet.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Lance Geren Attorney for UA O'Donoghue & O'Donoghue, LLP		13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street Suite 515 PA Philadelphia 19106-	
13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lance Geren	Signature Lance Geren	Title Attorney for UA	Date 04/15/2019 05:50:47
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time Utility Workers, Trainee A, B, C, Service Techs, General Techs, Master Techs, Coordinators, Operations Reps, Line Spotting Techs, Measurement Techs, Construction Crewmen, Senior Construction Crewmen, Foreman Construction Crewmen, Construction Inspector, Corrosion Techs, Design Techs, Customer Service Dispatchers, and Meter Readers employed by the Employer in its Northern Division (Santa Fe, Espanola and Taos).

Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-239902

Date Filed

4/18/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

New Mexico Gas Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

7120 Wyoming Blvd., NE #20
NM Albuquerque 87109-

3a. Employer Representative - Name and Title

Ryan Shell

3b. Address (If same as 2b - state same)

7120 Wyoming Blvd., NE #20
NM Albuquerque 87109-

3c. Tel. No.

(505) 697-3335

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

Ryan.Shell@nmcgo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Utilities

4b. Principal product or service

Gas

5a. City and State where unit is located:

Santa Fe, NM

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

36

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 6, 2019

11c. Election Time(s):
6:30 a.m. to 9:30 a.m.

11d. Election Location(s):
Employer's Facility at Santa Fe Office, 6 Forrest Lane, Santa Fe, NM 875

12a. Full Name of Petitioner (including local name and number)

Scott LeFevre
United Association of Plumbers and Pipefitters Local 412

12b. Address (street and number, city, state, and ZIP code)

510 San Pedro Drive, SE
NM Albuquerque 87108-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

United Association of Journeyman and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO

12d. Tel No.

(505) 265-1513

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

Swptor2@uanet.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Lance Geren Attorney for UA
O'Donoghue & O'Donoghue, LLP

13b. Address (street and number, city, state, and ZIP code)

325 Chestnut Street Suite 515
PA Philadelphia 19106-

13c. Tel No.

(215) 629-4970

13d. Cell No.

(202) 805-6148

13e. Fax No.

(215) 629-4996

13f. E-Mail Address

lgeren@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Lance Geren

Signature

Lance Geren

Title

Attorney for UA

Date

04/18/2019 07:25:00

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time Utility Workers, Trainee A, B, C, Service Techs, General Techs, Master Techs, Coordinators, Operations Reps, Line Spotting Techs, Measurement Techs, Construction Crewmen, Senior Construction Crewmen, Foreman Construction Crewmen, Construction Inspector, Corrosion Techs, Design Techs, Customer Service Dispatchers, and Meter Readers employed by the Employer in its North Central Division.

Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.